



SELLER'S REAL PROPERTY INFORMATION STATEMENT

Property Address 2336 DEERCROFT DR. Date 6/12/26

HOUSE SYSTEMS

Are you aware of any problems affecting:

YES NO EXPLAIN

- (A) Electrical wiring? [X] copper aluminum other... generator hook-up...
(B) Plumbing? copper PVC other...
(C) Pool/Hot Tubs/Spa? Age Pool Equipment? Age Pool Heater? Gas Electric Solar Age Pool Treatment? Chlorine Saltwater System...
(D) Appliances: Refrigerator Age Ice Maker Dishwasher Age Range gas electric X Age Disposal Age Microwave Age Water Heater X electric solar gas rented Washer Age Dryer electric gas rented Age...
(E) Miscellaneous (answer which are applicable) Sprinkler System well city gray water Security/Alarm System owned leased...
(F) Water Treatment System What Type?
(G) Central Vacuum System

Remarks:

Buyer:

Seller: KC MH

**ROOF / STORM SHUTTERS**

Are you aware of any problems affecting:

- |  | <u>YES</u>                          | <u>NO</u>                           | <u>EXPLAIN</u> |
|--|-------------------------------------|-------------------------------------|----------------|
| (A) Type <u>Shingles</u> Age <u>11/15/2017</u>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |
| (B) Has the roof ever leaked?.....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |
| (C) Has the roof ever been repaired?.....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                |
| (D) Do you know of any problems with the roof? .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                |
| (E) Do you have storm shutters/panels? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no On <input type="checkbox"/> windows <input type="checkbox"/> doors      |                                     |                                     |                |
| (F) What materials are the shutters made of? <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Other |                                     |                                     |                |
| (G) Are the storm shutters <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Electric?   |                                     |                                     |                |
| (H) Are the storm shutters operational? .....  | <input type="checkbox"/>            | <input type="checkbox"/>            |                |

**AIR CONDITIONING / HEATING**

- |  |                          |                                     |  |
|--|--------------------------|-------------------------------------|--|
| (A) Does the house have A/C &/or heating?... ..  | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| <input type="checkbox"/> Window Units <input checked="" type="checkbox"/> Central <input type="checkbox"/> Space Heaters |                          |                                     |  |
| <input type="checkbox"/> Gas Heat <input type="checkbox"/> Electric Heat <input type="checkbox"/> Heat pump              |                          |                                     |  |
| (B) Age? <u>5/31/2013</u>  |                          |                                     |  |
| (C) Are you aware of any problems?.....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |

**SEWAGE**

- |   |                                     |                                     |  |
|---|-------------------------------------|-------------------------------------|--|
| (A) Is the property connected to the public sewer system? .....                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |  |
| (B) Is there a septic tank / cesspool system?.....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| Where is the tank & drainfield located? .....   |                                     |                                     |  |
| Date last drained? _____ Service Company? .....   |                                     |                                     |  |
| (C) Are you aware of any problems relating to the septic tank/ cesspool/sewer system? ..... | <input type="checkbox"/>            | <input type="checkbox"/>            |  |

**DRAINAGE / WATER**

- |  |                          |                                     |  |
|--|--------------------------|-------------------------------------|--|
| (A) Is this property located in a flood zone?.....                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| (B) Has the property ever had a drainage or flooding problem?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |

**BOUNDARIES**

- |  |                                     |                                     |  |
|--|-------------------------------------|-------------------------------------|--|
| (A) Have you ever had a survey of your property done? .....                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |  |
| (B) Are you aware of any encroachment or unrecorded easements relating to this property? ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |

Buyer: \_\_\_\_\_

Seller: KC MTT

**ADDITIONAL / REMODELS / MISC**

Are you aware of any problems affecting:

- |   | <u>YES</u>  | <u>NO</u>   | <u>EXPLAIN</u> |
|---|-------------|-------------|----------------|
| (A) Were any additions or changes made to your property?.....   | _____       | _____X_____ | _____          |
| (B) Were all the necessary permits & government approvals obtained<br>for additions or changes made by you? ..... | _____X_____ | _____       | _____          |
| (C) Are there any open permits or any unpermitted work done to the home?  | _____       | _____X_____ | _____          |
| (D) Has there ever been a fire in the house? .....  | _____       | _____X_____ | _____          |
| (E) Has there been repairs to the seawall? .....  | _____       | _____X_____ | _____          |
| (F) Are you aware of any problems or any repairs to the dock? .....   | _____       | _____X_____ | _____          |
| (G) Are you aware of any problems with or repairs made to boat lift?.....   | _____       | _____X_____ | _____          |

Are you aware of any hazards (ex: sliding, settling, movement, upheaval or earth stability problems) that have occurred on your property or in the immediate neighborhood? ....

\_\_\_\_\_

**HOMEOWNERS ASSOCIATION**

- (A) Is this property subject to rules or regulations of any homeowners association? .....
- Amount? \_\_\_\_\_
- Contact name & phone number? \_\_\_\_\_
- |  |             |       |       |
|--|-------------|-------|-------|
|  | _____X_____ | _____ | _____ |
|--|-------------|-------|-------|

**TERMITE**

- (A) Has there been any damages or repairs from termite/pest control  
In the last five (5) years on the house or structures on property? .....
- Type of damage? \_\_\_\_\_
- (B) Do you have a Termite Bond policy in force?.....
- Company Name? \_\_\_\_\_
- Yearly Amount? \_\_\_\_\_ Transfer Fee? \_\_\_\_\_
- |  |       |             |       |
|--|-------|-------------|-------|
|  | _____ | _____X_____ | _____ |
|--|-------|-------------|-------|

**MISCELLANEOUS**

- (A) To your knowledge, does the property have any ureaformaldehyde  
or asbestos materials used in construction? .....
- (B) Do you know of any violation of local, state or federal government  
laws or regulations relating to this property?.....
- (C) Any unusual bonds or assessments that apply to this property?.....
- Amount? \_\_\_\_\_
- (D) Have you had a radon inspection?.....
- (E) Are you aware of any problems with driveways, walkways, patio,  
retaining walls or party walls?.....
- (F) Are you aware of any other facts, conditions or circumstances which  
may effect the value, beneficial use or desirability of this property?.....
- |  |       |             |       |
|--|-------|-------------|-------|
|  | _____ | _____X_____ | _____ |
|  | _____ | _____Y_____ | _____ |
|  | _____ | _____X_____ | _____ |
|  | _____ | _____X_____ | _____ |
|  | _____ | _____X_____ | _____ |

Buyer: \_\_\_\_\_

Seller: IC MH

(G) Have you made an insurance claim on this property in the past 5 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REPORTS**

Please attach copies of all existing reports. (such as termite inspection, surveys, appraisals, termite bond information, homeowners/condo restrictions or documents, etc.)

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND EXCEPT AS SET FORTH HEREIN, NO MATERIAL PROBLEMS EXIST WITH RESPECT TO THE PROPERTY AS OF THE DATE SET FORTH ABOUT. DAIGNAULT REALTY, INC. IS HEREBY AUTHORIZED TO FURNISH THE FOREGOING INFORMATION TO ANY MULTIPLE LISTING SERVICE OF WHICH DAIGNAULT REALTY, INC IS A MEMBER AND TO ANY PROSPECTIVE PURCHASER.

Kathleen K. Cook  
Seller

Michelle A. Holland  
POA Kathleen K Cook  
Seller

I ACKNOWLEDGE THAT I/WE RECEIVED A COPY OF THIS REAL PROPERTY INFORMATION STATEMENT ON \_\_\_\_\_.

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Buyer

Buyer: \_\_\_\_\_

Seller: KC MH